



## School-Based Vaccine Order Form FOR HEALTH CARE PROVIDERS

### PART 1 ORGANIZATION INFO (PLEASE COMPLETE ALL FIELDS)

ORGANIZATION NAME:	
CONTACT:	EMAIL:
PHONE NUMBER:	FAX NUMBER:

### PART 2 STUDENT INFO (PLEASE COMPLETE ALL FIELDS)

LAST NAME:	FIRST NAME:	GRADE:
DATE OF BIRTH:	OHIP:	SCHOOL:

### PART 3 VACCINE ORDER (SELECT PROPER AGENT(S) AND DOSE # FOLLOWING VACCINE ELIGIBILITY CRITERIAS)

AGENTS (BRAND NAME)	STUDENT AGE	VACCINE ELIGIBILITY	DOSE # REQUESTED
<b>HB ADULT (1.0 mL)</b> (Engerix® or Recombivax®)		<ul style="list-style-type: none"> <li>• 11 to 15 years of age.</li> <li>• Healthy individuals in grade 7 to 12.</li> </ul>	<input type="radio"/> 1 <input type="radio"/> 2
<b>HB PEDIATRIC (0.5 mL)</b> (Engerix® or Recombivax®)		<ul style="list-style-type: none"> <li>• 16 to 19 years of age.</li> <li>• Healthy individuals in grade 7 to 12.</li> </ul>	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Men-C-ACYW-135</b> (Nimenrix® or Menactra®)		<ul style="list-style-type: none"> <li>• Healthy individuals in grade 7 to 12.</li> <li>• Those born in or after 1997.</li> </ul>	<input type="radio"/> 1
<b>HPV-9</b> (Gardasil-9®)		<ul style="list-style-type: none"> <li>• <u>Two dose series:</u> Healthy grade 7 to 12 students who are &lt; 15 years of age (or if 1<sup>st</sup> dose given before age 15).</li> <li>• <u>Three dose series:</u> Healthy grade 7 to 12 students who are ≥15 years of age when series started OR Immunocompromised grade 7 to 12 students.</li> </ul>	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

### PART 4 VACCINE ADMINISTRATION (ONCE VACCINE(S) ADMINISTERED, COMPLETE PART 4 AND SUBMIT TO RCDHU)

AGENTS (BRAND NAME)	DOSE # GIVEN	LOT #	EXPIRY DATE	DATE GIVEN (YYYY/MM/DD)	GIVEN BY	RCDHU USE ONLY	PANORAMA ENTRY
<b>HB ADULT (1.0 mL)</b> (Engerix® or Recombivax®)							
<b>HB PEDIATRIC (0.5 mL)</b> (Engerix® or Recombivax®)							
<b>Men-C-ACYW-135</b> (Nimenrix® or Menactra®)							
<b>HPV-9</b> (Gardasil-9®)							

### PART 4 ACCOUNTABILITY STATEMENT

By submitting this order, I verify on behalf of the practice that the refrigerator storing publicly funded vaccines, at the location listed above, maintains temperatures between +2.0°C to +8.0°C; meets [MOHLTC Vaccine Storage and Handling Protocols and Guidelines](#); maximum, minimum, and current temperatures are recorded at least twice daily. Upon vaccine pick-up, I will have the necessary materials for the safe transport of publicly funded vaccines including properly conditioned hard sided, insulated container, digital temperature monitoring device, and appropriate packaging material.

NAME:	SIGNATURE:	DATE (YYYY/MM/DD):
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School-Based Vaccine orders must be placed according to the Vaccine Order Schedule to allow for timely processing. Vaccine order forms must be completed in full and preferably emailed to [vaccineorders@rcdhu.com](mailto:vaccineorders@rcdhu.com) or faxed to 613-735-3067 (Attn: Vaccine Orders).